

COLL. CAT.

THE ARMY-NAVY MEDICAL SERVICES CORPS ACT OF 1947

JULY 9 (legislative day, JULY 7), 1947.—Ordered to be printed

Mr. HILL, from the Committee on Armed Services, submitted the following

REPORT

[To accompany H. R. 3215]

The Committee on Armed Services, to whom was referred the bill (H. R. 3215) to revise the Medical Department of the Army and the Medical Department of the Navy, and for other purposes, having considered the same, report favorably thereon with amendments and recommend that the bill do pass.

Amend the bill as follows:

On page 4 at end of line 1 change the colon to a semicolon, strike out all of lines 2 to 8, inclusive, and insert in lieu thereof the following:

and each person appointed and commissioned an officer of the Medical Service Corps who at the time of appointment holds a degree of doctor of philosophy or comparable degree recognized by the Surgeon General in a science allied to medicine may, subject to regulations as prescribed by the Secretary of War, be credited at the time of appointment with an amount of service equal to three years.

On page 11, strike out lines 18 to 25, inclusive, and on page 12, strike out lines 1 to 11, inclusive, and insert in lieu thereof the following:

Hereafter the authorized strength of the Hospital Corps of the Navy shall equal 3½ per centum of the authorized enlisted strength of the Navy and Marine Corps. The Secretary of the Navy is authorized, in his discretion, to establish such grades and ratings in the Hospital Corps as he may deem necessary in the proper administration of such corps: *Provided*, That enlisted men of other ratings in the Navy and in the Marine Corps shall be eligible for transfer to the Hospital Corps, and men of that corps to other ratings in the Navy and the Marine Corps.

On page 12, strike out lines 14 to 17, inclusive, and insert in lieu thereof the following:

The Secretary of the Navy may hereafter appoint as many warrant officers in the Hospital Corps, as may be deemed necessary, from the rating of chief petty officer or petty officer, first class, in the Hospital Corps: *Provided*, That no person shall be appointed.

PURPOSE OF THE BILL

The purpose of the bill is to establish in the Medical Departments of the Regular Army and Navy a Medical Service Corps with a Reserve component, which will be composed of pharmacists, sanitary engineers, optometrists, psychologists, bacteriologists, business administrators and similar skills.

NECESSITY FOR THE BILL

The Army and Navy Medical Departments perform many functions other than the purely professional services rendered by the physicians, surgeons, and dentists. As is true in civil life, the problem of caring for the sick and disabled in the armed services embraces many highly specialized and important tasks which are supplemental to the professional work of the doctors. These tasks are numerous as well as diverse. In addition to vitally important research now going forward in the medical sciences, there are such fields as administration, pharmacy, hospital management, sanitation, insect and pest control, and many others. Highly trained specialists and scientists, as well as skilled technicians and administrators, are among the personnel involved in these tasks.

As currently organized, neither the Army nor the Navy Medical Departments have a separate corps to which this personnel is assigned. The large number of military occupational specialties involved in so heterogeneous a group results in a comparatively small number in each specialty, with the result that organizing a separate corps for each specialty would be impracticable. Sound administration, however, dictates that all personnel within the military structure should belong to an administrative grouping, so as to permit of proper personnel management. For that reason it is proposed to group the officer personnel here under discussion as a single corps, to be known as the Medical Service Corps. Enlisted personnel on duties analagous to those performed by the officers are included in the Medical Departments, and are not broken down into separate corps.

EXPLANATION OF THE BILL

TITLE I—ARMY MEDICAL SERVICE CORPS

Section 101: Provides for the statutory establishment of a Medical Service Corps in the Army with three sections: Pharmacy, Supply; and Administration Section; a Medical Allied Sciences Section; an Optometry Section, and such other sections as the Secretary of War may deem necessary. It further provides the strength of the corps to be established by the Secretary of War and provides a 2-percent limit on the officer strength of full colonels.

Section 102: (a) Provides for the appointment of a chief of the Medical Service Corps by the Secretary of War in the grade of colonel from officers of the corps of major or above.

(b) Establishes the appointment of assistant chiefs to be consultants to the Surgeon General on activities peculiar to a specific section.

(c) Provides for the retirement of the Chief of the corps with the rank of colonel after having served 4 years as Chief of the corps.

Section 103: Establishes the qualifications for initial appointments in the corps. It permits the entrance of a man coming in as second

lieutenant between the ages of 21 and 30 years, if he is physically and otherwise qualified. The proviso in this section which permits appointments from sources other than the Regular Army or its active Reserve, removes any bar from an enlisted man getting a commission in this corps. The proviso further states that if a person enters the corps directly from civil life and not as a Regular Army or active Reserve officer, he must have a 4-year college-graduate educational level. It further provides that if such person has a doctorate degree, he may at the time of the appointment be given 3 years' service credit for determining grade, position on promotion list, permanent grade seniority, and eligibility for promotion, and he would then come in as a first lieutenant with 3 years' service credit.

Section 104: Provides that promotion from second lieutenant to lieutenant colonel, inclusive, shall be in accordance with the present law for promotion of promotion-list officers to such grades, respectively. Promotion to colonel to be by selection from officers having at least 1 year's service as lieutenant colonels.

Section 105: Provides for the amendment of Public Law 281, Seventy-ninth Congress, in order to integrate into the new corps those persons now in the Pharmacy Corps. Under Public Law 281, as amended, the Regular Army Pharmacy Corps was used as a vehicle for integration and qualified wartime officers were integrated on a base age of 25 years in the grades of second lieutenant to major, inclusive, into the Regular Army Pharmacy Corps. Since the Medical Service Corps will replace the Pharmacy Corps, on the promotion list of the Army generally, Public Law 281 must be amended so that the present members of the Pharmacy Corps may be integrated into the new corps on the same basis as promotion-list officers, rather than on the basis of the Pharmacy Corps, which was used only as a vehicle.

Section 106: Provides for the transfer of all officers in the present Regular Army Pharmacy Corps to the Medical Service Corps, without loss of time, grade, position, or seniority.

Section 107: (a) Abolishes the Pharmacy Corps and the Medical Administrative Corps, which are the two Regular Army corps that exist at the present time for this type of personnel. By the act of June 12, 1943 (57 Stat. 430), a Pharmacy Corps was established in the Regular Army, and although the Medical Administrative Corps was not abolished, it was provided that officers holding commissions in the Medical Administrative Corps would be transferred to the Pharmacy Corps. The Medical Administrative Corps was thus left without personnel.

(b) Of this section it is necessary to provide for temporary officers who are on active duty at this time by virtue of AUS commissions. The Medical Administrative Corps and the Pharmacy Corps in which they are personally detailed is being abolished by this legislation. Therefore, some provision must be made in order to effect their transfer to the new Medical Service Corps.

(c) Authorizes the Secretary of War to prescribe such regulations as are necessary to implement this title.

(d) Is a routine wording for all Army legislation, that no back pay accrues by reason of this enactment.

(e) Abolishes any laws which are inconsistent or in conflict with title I of the act.

TITLE II—NAVY MEDICAL SERVICE CORPS

Section 201: Is similar to section 101 which establishes a Medical Service Corps for the Army. This section establishes such a corps for the Navy with similar provisions. It establishes the strength of the corps and provides for their precedence next after officers of the Dental Corps and places a limit of 2 percent on the number of captains who may be on the active list at any one time.

Section 202: Provides that officers of this corps will be officers of a staff corps and that all provisions of law now existing or hereafter enacted will be applicable to them. The only difference between the composition of selection board for staff officers of this corps is that the selection board shall be composed of not less than six nor more than nine officers of the Medical Corps not below the rank of captain. As a result of this provision, any subsequent enactments applicable to the Medical Corps would automatically include staff officers of the Medical Service Corps.

Section 203: Public Law 347 is the act under which Reserve officers are integrated into the Navy and is reiterated here for the purpose of the integration of Reserve officers into the Medical Service Corps of the Navy.

Section 204: Defines the qualifications of persons who are eligible for appointment in the Medical Service Corps of the Navy. They shall be in the grade of ensign from those persons serving as commissioned warrant or warrant officers of the Hospital Corps of the Regular Navy and from other persons who possess such physical and other qualifications for appointment as may be prescribed by the Secretary of the Navy. This section also provides that appointments from sources other than the Regular Navy shall be from persons who are graduates of recognized schools of pharmacy, optometry, or other schools or colleges with degrees in sciences allied to medicine or such degrees as may be approved by the Surgeon General. It also provides that persons holding a doctorate degree may be appointed in the grade of lieutenant (junior grade).

Section 205: Provides that all appointments in the Medical Service Corps shall be made by the President by and with the advice and consent of the Senate.

Section 206: Authorizes the Secretary of the Navy to revoke the commission of any officer appointed pursuant to section 204 of this act.

Section 207: Precludes officers of the Medical Service Corps from the right to command in the line or any other staff corps of the Navy.

Section 208: Is a technical section which is necessary in order to bring the Medical Service Corps within the purview of present laws or laws which may be subsequently enacted relating to the various staff corps of the Navy.

Section 209: Authorizes the Secretary of Navy to prescribe the necessary regulations to carry out the provisions of title II.

TITLE III—THE HOSPITAL CORPS OF THE NAVY

Title III is merely the reenactment of the existing law which is necessary because of the desire of the Navy Department to remove the misnomer under which Navy pharmacists have always suffered. The word "pharmacist" in the Navy Hospital Corps is in reality a mis-

nomer and by the changing of certain designations, the misnomer is herein removed.

Subparagraph (b) of section 301 has the purpose of permitting original appointments in the Medical Service Corps from first-class petty officers as well as chief petty officers.

Section 302 is a restatement of existing law.

COMMITTEE AMENDMENTS

The amendment on page 4 does not change the intent or scope of the original language; it brings the wording into agreement with that contained in H. R. 3830, the Army-Navy promotion bill, now under consideration in the Senate Armed Services Committee. This amendment was requested by the War Department.

The amendment on page 11 rewords the language in the original bill. This wording was very detailed as regards the listing of ratings by name. Such a procedure is considered impracticable because it is frequently desirable to change the names of ratings. The effect of the amendment will be to authorize the Secretary of the Navy to establish and name the grades and ratings in the Hospital Corps in the same manner as he may now do under existing law with respect to all other ratings in the Navy. This amendment was recommended by the Navy Department.

The amendment, beginning on line 14, page 12, authorizes the Secretary of the Navy, instead of the President, to appoint warrant officers in the Hospital Corps of the Navy.

RECOMMENDATIONS OF THE DEPARTMENTS

H. R. 3215 is a combination of three separate bills: H. R. 1982, a bill to establish a Medical Service Corps in the Army; H. R. 1361, a bill to establish the commissioned grade of medical administrator in the Hospital Corps of the Navy; and H. R. 1603, a bill to establish the Medical Associated Sciences Corps in the Medical Department of the Navy. Both the War and Navy Departments concurred in the original bills, which were cleared by the Bureau of the Budget.

The following letters from the Secretary of War and the Acting Secretary of the Navy to the Speaker of the House, and from the Surgeons General of the two services to Maj. Arthur H. Einbeck, Chairman, Committee on Status of Pharmacists in the Government Service, are attached hereto and made a part of this report.

FEBRUARY 4, 1947.

The SPEAKER,

The House of Representatives.

DEAR MR. SPEAKER: There is enclosed herewith a draft of bill to revise the Medical Department of the Army and for other purposes, which the War Department recommends be enacted into law.

The purpose of title I of the proposed legislation is to establish in the Medical Department of the Army a corps to be known as the Medical Service Corps which will absorb the Pharmacy Corps and the Medical Administrative Corps and will consist of a Pharmacy Section, the Medical Allied Science Section, the Optometry Section, and such other sections as may be deemed necessary by the Secretary of War. Officers of the Medical Service Corps will perform duties as biochemists, nutritional experts, optometrists, bacteriologists, parasitologists, and related specialists. The promotion system for officers of the Medical Service Corps would be the same as now or hereafter provided for officers of the promotion-list arms and services, except that promotion to the grade of colonel would be by selection and

the number of officers in this grade would be limited to 2 percent of the Regular Army authorized commissioned strength of the corps. It should be noted in this connection, however, that under existing law, lieutenant colonels after 30 years' service draw the same pay and allowances as a colonel even though not promoted to such rank. Officers commissioned in the Pharmacy Corps would be transferred to the Medical Service Corps in grade, and would be thereafter promoted according to the above promotion system. No back pay would accrue to any person by reason of the proposed act.

The proposed Medical Service Corps is an integral part of the postwar plan for the Medical Department of the Army. Experience during the war has demonstrated the advisability of the inclusion of scientific assistants in the Medical Department. It is desired that the various categories be placed in one Medical Service Corps, all of whom would be placed on equal footing and promoted after completion of years of service similar to officers of the promotion-list arms and services. Separate corps for each of the various categories needed in the Army would not make for efficient administration.

Prior to July 12, 1943, the law provided for a Medical Administrative Corps in the Medical Department of the Army. Officers of this corps were promoted to the grade of first lieutenant and captain after 5 years' and 10 years' commissioned service, respectively. The act of July 12, 1943 (10 U. S. C. 131), established in the Medical Department the Pharmacy Corps and provided that officers of the Regular Army holding commissions in the Medical Administrative Corps on the date of enactment of the act be transferred to the Pharmacy Corps. This act provided that officers be promoted to the grades of first lieutenant, captain, major, lieutenant colonel, and colonel after completion of 3, 6, 12, 20, and 26 years, respectively, which placed these officers on a promotion system more rapid than those of the promotion-list arms and services, whereas prior to the act, the officers of the Medical Administrative Corps were promoted more slowly than the promotion-list officers.

Not including the officers now being integrated under the current integration program authorized by Public Law 281, Seventy-ninth Congress, as amended, there are relatively few (approximately 70) officers in the Pharmacy Corps of the Regular Army. Officers of the various categories to be included in the Medical Service Corps were utilized during the war as officers of the Army of the United States. Public Law 281, Seventy-ninth Congress, approved December 28, 1945, authorized the commissioning of officers in both the Pharmacy Corps and the Medical Administrative Corps; however, for administrative reasons such officers are currently being integrated only in the Pharmacy Corps. The number of officers now being appointed therein will bring the strength of this corps to approximately 1,650 officers. The proposed legislation would effect the transfer in grade of these officers to the Medical Service Corps. They include many categories other than pharmacists.

The purpose of title II of proposed draft of bill is to establish the Army Nurse Corps and the Women's Medical Specialists Corps in the Medical Department of the Regular Army. The Women's Medical Specialist Corps will consist of a Dietitian Section, a Physical Therapists Section, and an Occupational Therapists Section.

It is necessary that the personnel of the corps mentioned above be appointed to commissions in the Regular Army for the following reasons:

(a) Nurses, physical therapists, and dietitians have been officers in the Army of the United States during World War II. In this capacity, these officers have contributed immeasurably to the welfare of our wounded, and have been a credit not only to the Medical Department, but to the Army as a whole. The use of occupational therapists who were civilians during World War II will require their militarization in the postwar Army with placement on an equal status with the nurses, dietitians, and physical therapists. Personnel in these categories are now being recruited by other governmental and civilian agencies. In order to obtain their services, it is important that they be offered commissions in the Regular Army.

(b) By offering commissioned status to such personnel, the Medical Department will be able to procure the services of individuals possessing high professional standards of performance and efficiency. The requirements for appointment in the Army Nurse Corps, or in sections of the Women's Medical Specialty Corps, will be high, necessitating educational training and background consistent with commissioned status in the Army. Applicants possessing qualifications for such corps would be graduates of recognized institutions in the field of their specialty, and their educational background would be commensurate with that

required for other officers. If early legislative authorization is obtained, those best qualified may be given an opportunity to remain in the Medical Department of the Army to carry out the postwar program.

(c) The personnel involved must be subject to transfer from one Army hospital to another and to foreign theaters, including the Philippines, Hawaii, and outpost islands. The nursing and collateral services of this personnel must be mobile, and it is impossible to perfect such an organization in the civilian status. Their militarization is indispensable to the successful operation of Army hospitals and will be more so in the postwar period.

(d) To maintain proper discipline and control in the operation of hospital wards, kitchens, and clinics, and the care of military personnel, it is necessary that those exercising this control be commissioned and have authority as officers.

(e) Commissioning the female personnel referred to above will secure permanency and continuity in service which could not be obtained through civil-service employment.

(f) The cost of commissioning this female personnel in the postwar Army would be no greater than the cost of their employment as civilians, first, because the competitive salaries paid in civilian institutions for women performing similar services are much higher, and, second, because of the necessity for a larger staff in a civilian status.

(g) Public opinion has looked with great favor upon the nurse as a commissioned officer in World War II, and to deny her the officer status in the postwar Army would demoralize and destroy the Army Nurse Corps. The physical therapists and the dietitians stand in the same position.

(h) Army nurses and the female personnel included in sections of the Women's Medical Specialty Corps are an indispensable part of the Medical Department of the Army. Proper medical care cannot be given without their services. They have a logical and necessary place in the Army. During the war their service was not to replace men but to perform a task which has always been essentially a woman's duty. The work of all—the nurse, the physical therapist, the dietitian, and the occupational therapist—is interrelated.

The Army Nurse Corps has been in the Regular Army as a militarized force since 1901. Nurses held relative rank with officers, but there was discrimination in pay to the detriment of the nurse. Public Law 828, Seventy-seventh Congress approved December 22, 1942, continued relative rank but increased the pay to the same amount as male officers. Public Law 350, Seventy-eighth Congress, approved June 22, 1944, places the nurse in the same AUS status as all officers, giving them the same benefits, privileges, and command authority in the sphere of their action. There have been 80,444 nurses as Army officers, AUS, under the authority of this act. There will be a need of 6 nurses per 1,000 in the strength of the postwar Army, with a minimum requirement as set out in the proposed legislation. It is hoped to select from those who have had the experience in this war, the best as a nucleus for the postwar Army Nurse Corps, and to expand it as the Army increases, from the best of younger nurses from civilian life over the period of years ahead. Military status will attract the best. Without it, it is a practical impossibility to obtain this needed personnel.

Physical therapists and dietitians were accorded relative rank upon the passage of Public Law 828, Seventy-seventh Congress, and were appointed to temporary commissions in the AUS upon the passage of Public Law 350, Seventy-eighth Congress. Educational standards for physical therapists, dietitians, and occupational therapists are high. All must possess college degrees with major emphasis in their particular field and possess specialized training in addition. Their functions vary. Physical therapists are in hospitals administering highly specialized treatment for the sick and wounded as prescribed and directed by a medical officer and are in continuous association with medical officers and nurses. Dietitians supervise preparation and serving of food to the sick and wounded and likewise are in intimate association with the nurses, physical therapists and other medical department officers. Occupational therapists are concerned with the reconditioning and rehabilitation of patients who, because of their injuries or ailments, are handicapped in their vocations or avocations. All three categories are relatively small. The appointment to commission of their members is necessary in order to insure continued special care to the patients in Army hospitals.

Creation of a Medical Service Corps under title I will not occasion any additional cost to the Government, since the strength of the corps is within the authorized increment for the Regular Army, and since the functions prescribed in section 101 for this corps must be performed in any event. Total annual costs to the Government will be approximately the same whether the various categories of specialists

to be included within the corps perform their functions in the corps or in another branch of the Army. The change in promotion system over a period of years will result in a slight decrease in cost to the Government. Title II of the proposed legislation will not result in any immediate increase in cost to the Government as the officers appointed will replace temporary officers now on active duty and a relatively small number of civilian occupational therapists whose salaries parallel that of the officers who will replace them. The War Department is unable at this time to determine the fiscal effect of the proposed legislation in future years.

The Bureau of the Budget advises that there is no objection to the submission of this proposed legislation for the consideration of the Congress.

Respectfully,

ROBERT P. PATTERSON,
Secretary of War.

NAVY DEPARTMENT,
Washington, January 6, 1947.

HON. JOSEPH W. MARTIN, JR.,

Speaker of the House of Representatives, Washington, D. C.

MY DEAR MR. SPEAKER: There is transmitted herewith a draft of a proposed bill to establish the commissioned grade of Medical Administrator in the Hospital Corps of the Navy, and for other purposes.

The purpose of the proposed legislation is to provide for the appointment of commissioned officers in the Hospital Corps in the grade of medical administrator with rank from ensign to captain, inclusive. Such officers would be staff officers subject to all laws relating to advancement in rank and retirement of other staff officers of the Navy, and the total number of such officers would not exceed 3 percent of the authorized strength of the Hospital Corps. Initial appointments of officers would be made under the authority of the act of April 18, 1946 (Public Law 347, 79th Cong., 2d sess.). Initial appointments of graduates of recognized schools of pharmacy and graduates of recognized schools granting degrees in sciences allied to medicine other than pharmacy would be limited to specified percentages. In addition to the initial appointments, original appointments would be made in the rank of ensign, from persons not over 32 years of age and from the following classes in specified percentages: (a) Members of the Hospital Corps in commissioned warrant or warrant grades, (b) graduates of recognized schools of pharmacy and (c) graduates of recognized schools granting degrees in sciences allied to medicine other than pharmacy. Provisions are also included requiring establishment of qualifications for appointment; permitting revocation of commissions of original appointees while serving with the rank of ensign; assignment of running mates upon removal of the suspension of permanent promotions; limiting the command of Hospital Corps officers and preventing reduction in pay or allowances by reason of appointment under the act. The bill would also amend existing law to change the classifications of the enlisted men of the Hospital Corps.

The Bureau of Medicine and Surgery has been handicapped in its efforts to maintain the highest possible standards of efficiency throughout the Medical Department of the Navy (a) from the managerial standpoint, because of the inadequate rank of the officers of the Hospital Corps, which has resulted in either the inability of the Medical Department to make the fullest use of their qualifications, or the assignment to such officers of duties and responsibilities far in excess of those commensurate with their warrant or commissioned warrant status; and (b) from the professional standpoint, because of the absence of any provision of law whereby members of the professions allied to medicine could be commissioned in the Medical Department of the Regular Navy in ranks commensurate with their educational qualifications and professional attainments.

The experiences of the Navy during World War II have demonstrated that there are many managerial and professional duties within the Medical Department which, while not requiring personnel with the professional qualifications of medical practitioners, do demand qualifications and impose responsibilities of a higher order than those normally assigned to personnel of the warrant grades. Such duties are those concerned with the administration and management of hospitals, medical supply depots, medical storehouses, Hospital Corps schools and naval dispensaries, and with the medical department headquarters of naval districts, naval bases, and fleet and force commanders, and in particular with the

personnel, matériel and fiscal aspects of these activities. Such duties also include scientific research, hygiene and sanitation, and treatment and corrective procedures requiring highly specialized services of a professional character closely allied to the professions of medicine, surgery, and dentistry. Because of the nature of the institutions operated by the Medical Department of the Navy and because its mission involves naval and military, as well as professional and technical aspects, individuals qualified to meet these diversified requirements must be drawn both from within the Medical Department of the Navy and from those individuals in civil life who are qualified by education and experience in the professions allied to the medical profession.

The handicaps referred to above have been overcome to an extent during World War II by the expedient of promoting officers of the Hospital Corps to temporary commissioned rank and by commissioning in the Naval Reserve members of the professions allied to the medical profession. The temporary promotions in commissioned ranks may only continue in force until 6 months after the termination of the act of June 30, 1942 (56 Stat. 463). Unless legislation such as that hereby proposed is enacted at an early date, the Medical Department of the Navy, in the near future, may well expect to find itself in the same situation, insofar as this personnel problem is concerned, as existed during the period between the close of World War I and the beginning of World War II.

The length of service of permanent officers of the Hospital Corps, who are now serving in temporary commissioned ranks, varies in individual cases from 16 to 40 years. Many of these officers hold degrees in law, chemistry, pharmacy, accountancy, and business administration, pharmaceutical chemistry and degrees in other sciences allied to medicine. The majority of the permanent officers of the Hospital Corps have attended colleges, universities, or other special courses of instruction, either in naval or civilian institutions, in one or more of the specialties allied to the work of the Medical Department. All of these who have attended civilian institutions of learning have done so on their own initiative, in addition to their regular full-time duties, and in many cases at their own expense, and consequently these officers were able to assume responsibilities of a higher grade than those demanded of their rank and to render greater services to the Navy.

Laws relating to the Medical Department of the Army have provided in the Medical Administrative Corps and in the Pharmacy Corps commissioned rank for nonmedical personnel from second lieutenant to colonel, inclusive, similar to that in the proposed legislation for the personnel of the Hospital Corps.

On the basis of the authorized strength of the Navy established by the act of April 18, 1946 (Public Law 347, 79th Cong., 2d sess.), the number of Hospital Corps officers under the proposed legislation would be 630. In order to avoid "humps" in the promotion list the officer strength of the Hospital Corps would be built up over a period of years. It is proposed that 75 percent of the billets would be filled during the fiscal year 1947, and that an additional 5 percent over and above attrition, would be appointed each succeeding year until 100 percent of the authorized officer strength would be reached during the fiscal year 1952.

The estimated cost of the proposed legislation is set forth in enclosure 1, which is attached hereto.

For the foregoing reasons the Navy Department recommends enactment of the proposed legislation.

The Navy Department has been advised by the Bureau of the Budget that there is no objection to the submission of this report to the Congress.

Sincerely yours,

W. JOHN KENNEY,
Acting Secretary of the Navy.

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Estimated cost of the proposed Hospital Corps bill over the 10-year period, July 1, 1946, to July 1, 1956

Fiscal period	Estimated cost of proposed bill	Estimated cost under existing law	Excess cost of proposed bill over cost under existing law
July 1, 1946, to July 1, 1947	\$1,960,211	\$1,829,000	\$131,211
July 1, 1947, to July 1, 1948	2,094,649	1,953,000	141,649
July 1, 1948, to July 1, 1949	2,222,027	2,072,914	149,113
July 1, 1949, to July 1, 1950	2,354,508	2,196,914	157,594
July 1, 1950, to July 1, 1951	2,483,055	2,316,828	166,227
July 1, 1951, to July 1, 1952	2,617,493	2,440,828	176,665
July 1, 1952, to July 1, 1953	2,617,493	2,440,828	176,665
July 1, 1953, to July 1, 1954	2,617,493	2,440,828	176,665
July 1, 1954, to July 1, 1955	2,617,493	2,440,828	176,665
July 1, 1955, to July 1, 1956	2,617,493	2,440,828	176,665
Total	24,201,915	22,572,796	1,629,119
Average per year	2,420,192	2,257,280	162,912
Average per officer per year	4,154	3,874	280
Average per U. S. Navy officer in Navy for month of March 1946 (from BuPers)		4,782	

NAVY DEPARTMENT,
Washington, January 22, 1947.

HON. JOSEPH W. MARTIN, Jr.,
Speaker of the House of Representatives,
Washington, D. C.

MY DEAR MR. SPEAKER: There is transmitted herewith a draft of a proposed bill "to establish the Medical Associated Sciences Corps in the Medical Department of the Navy, and for other purposes."

The purpose of the proposed legislation is to establish a Medical Associated Sciences Corps which shall be a constituent part of the Medical Department of the Navy. Officers would be appointed in the grade of medical associated scientist with rank from lieutenant (junior grade) to captain, inclusive. Such officers would be staff officers subject to all laws relating to the advancement in rank and retirement of officers of the Medical Corps of the Navy, and the total number of such officers would not exceed 205. All appointments in the Medical Associated Sciences Corps would be from male citizens who have received a doctorate degree in such sciences related to medicine as the Secretary of the Navy would determine. Initial appointments would be made in accordance with the act of April 18, 1946 (Public Law 347, 79th Cong., 2d sess.); and upon the termination of the appointive powers of the President under that act, all other appointments would be made in the rank of lieutenant (junior grade) from male citizens between the ages of 21 and 32 years. The proposed bill also contains provisions requiring the establishment of qualifications for appointment; assignment of running mates upon the removal of the suspension of permanent promotions; limiting the command of the Medical Associated Sciences Corps; and preventing any reduction in pay or allowances by reason of appointment under the act.

In the expansion of the Medical Department of the Navy to meet the demands of the recent war on a global basis, several hundred persons skilled in sciences related to medicine were appointed and commissioned in the Naval Reserve with the classification of specialists in the Hospital Corps. These scientists were drawn from the fields of research in basic and applied areas which included all fields and disciplines related to function of man, and therefore encompassed the range from mathematics, physics, and engineering through psychology, physiology, bacteriology, biology, and medicine proper.

Specifically, their investigations involved the bacteriological, physiological, and biochemical facets of man's existence in order to control his well-being, thereby enabling him to cope with the multitude of complex biological insults occasioned by a military effort; the biological, psychological, and psychophysiological foundations of personnel selection and training which, in essence, embraced not only a study of human behavior, but also of human capacities integrated with engineering design in order to simplify operations, thus bringing them within the normal range of attainment; the environmental conditions with special reference to climatic situations likely to be encountered by naval forces, and environmental conditions aboard craft, either ship, plane, or submarine.

These scientists by their singular efforts made many useful and revolutionary contributions without which the morbidity and mortality rate of our armed forces could not have been reduced to the lowest the world has ever known.

In the postwar years the responsibilities of the Navy and of the Medical Department of the Navy will continue to be world-wide and to require a continuation of the activities in research and in the sciences related to medicine which were conducted during the war. The Medical Department of the Navy cannot, in justice to the Navy nor to the United States, withdraw to the narrower field of prewar research. There is no method under existing law whereby these scientists can be transferred to the Regular Navy, and their services cannot be utilized to the fullest benefit of the Navy if they should be appointed in the professional grades of the civil service. In the absence of legislation such as that proposed herein, the Navy is now losing to civil life, and will continue to lose, these scientists who will be so essential in the postwar operation of the Navy. Without these scientists the Navy will be unable to keep ahead in medical research, in the prevention and control of disease, in the invention of methods to preserve the lives of the injured and of those subjected to the privations of long exposure in small boats or life rafts or when cast ashore on unfriendly islands or countries and in the many other fields of the sciences which are related to medicine.

For the above reasons, the Navy Department recommends enactment of the proposed bill.

Enactment of the proposed legislation would result in no additional cost to the Government inasmuch as the medical associated scientists shall be part of the authorized strength of the various corps of the Medical Department.

The Navy Department has been advised by the Bureau of the Budget that there is no objection to the submission of this report to the Congress.

Sincerely yours,

JOHN L. SULLIVAN,
Acting Secretary of the Navy.

DEPARTMENT OF THE NAVY,
BUREAU OF MEDICINE AND SURGERY,
Washington, D. C., May 9, 1947.

Maj. ARTHUR H. EINBECK,
*Chairman, Committee on Status of Pharmacists in the Government Service,
West New York, N. J.*

DEAR MAJOR EINBECK: This letter is to confirm the salient points covered in my discussion with members of your committee who visited me on May 6, 1947. I emphasized that while I serve as Surgeon General of the Navy, it is my intention to use commissioned officers who are graduate pharmacists for the practice of pharmacy in the Navy, wherever the exigencies of the naval service will permit. It is my intention to utilize commissioned graduate pharmacists in the teaching of pharmacy in our Hospital Corps schools and in the United States Naval Medical School, National Naval Medical Center, Bethesda, Md. Our object of commissioning graduates of accredited colleges of pharmacy in the naval service is to provide a better pharmaceutical service which these officers, by their education and training, are fully qualified to render.

If H. R. 3215 is enacted into law, it will give us authority to commission a number of college-trained pharmacists, with the bachelor of science degree, proportionate to the size of the Navy. These men will be assigned to pharmaceutical duties provided for in the organization of the naval service, and we will assign a competent pharmacist to each of the bureau chiefs dealing with problems involving the procurement, dispensing, and general use of drugs or rendering other distinctly pharmaceutical services.

In the Medical Allied Sciences Section we will have places for men with a basic pharmaceutical training who have completed graduate studies leading to the degree of doctor of philosophy or doctor of science.

In building up our Pharmacy, Supply, and Administration Section, we shall make full use of trained pharmacists for specific pharmaceutical services, and the annual increments from sources other than the Regular Navy will be made up entirely of graduates of accredited colleges of pharmacy as far as the supply of men for strictly pharmaceutical duties are concerned.

In the development of this phase of the Medical Service Corps, we solicit the support of pharmaceutical organizations in the procurement of graduate pharmacists for both the Regular Navy and the Naval Reserve.

To this end we expect to call upon members of your profession who are outstanding in their field to assist us in an advisory capacity, and I shall name one or more advisers from among competent persons whom your organization may suggest.

It is my conviction that the provisions of H. R. 3215 and the legislation which gives us the power to create Reserves will bring about a more extensive and broader use of pharmacists in the Navy than we have had at any time in the past, and it shall be my endeavor to give the pharmacists who will be commissioned in the Navy and in the Reserve every opportunity to help build an outstanding pharmaceutical service.

C. A. SWANSON,
Rear Admiral (M. C.), U. S. Navy,
Surgeon General, U. S. Navy.

WAR DEPARTMENT,
OFFICE OF THE SURGEON GENERAL,
Washington 25, D. C., May 9, 1947.

Maj. ARTHUR H. EINBECK,
Chairman, Committee on Status of Pharmacists
in the Government Service,
West New York, N. J.

DEAR MAJOR EINBECK: This letter will serve to confirm my answers to the questions which the members of your committee raised in your conference with me on Tuesday, May 6, with reference to H. R. 3215.

You asked whether the Chief of the Pharmacy, Supply, and Administration Section is to be a pharmacist. I replied that as far as this Office is concerned there never was any question as to the policy regarding this appointment. We have already selected a Pharmacy Corps officer who holds the degree of bachelor of science from an accredited college of pharmacy to head this section, if and when H. R. 3215 is passed. It is the policy and intention of this Office to have the Pharmacy, Supply, and Administration Section of the Medical Service Corps headed by a qualified pharmacist who is a graduate of the 4-year course in pharmacy and holds the bachelor of science degree. This officer will also serve as consultant to the Surgeon General on pharmacy matters.

You asked what the qualifications of the pharmacists, who are to be commissioned in the Pharmacy, Supply, and Administration Section, are to be, and I replied that the commissioned officers who will be assigned to supervise pharmaceutical activities and who are to carry out the pharmaceutical duties in the Medical Service Corps will be required to be bachelors of science in pharmacy from accredited colleges of pharmacy. It is our firm intention to require at least the same qualifications for the supervision of pharmaceutical duties in the Army as are required in the practice of civilian pharmacy.

You asked what the composition of the Pharmacy, Supply, and Administration Section will be in the course of time. I replied that the Pharmacy, Supply, and Administration Section of the Medical Service Corps, as ultimately developed, will consist primarily of pharmacists who are graduates of accredited colleges giving the bachelor of science degree. I pointed out that under the present integration program, there are a considerable number of officers who were previously commissioned in the Medical Administrative Corps, the Sanitary Corps, and the Pharmacy Corps who will be transferred to the Medical Service Corps and that a relatively large percentage of these will be assigned to the Pharmacy, Supply, and Administration Section, but that the annual increments from outside the Regular Army to the Pharmacy, Supply, and Administration Section will be almost exclusively graduates of accredited colleges of pharmacy, if they are available, because their basic training makes them most adaptable for the auxiliary medical services requiring technical supervision. Obviously, the Medical Department of the Army must be ready to function at all times, and if we are unable to obtain a sufficient number of pharmacists from civilian sources, it will, of course, be necessary for us to develop our own personnel. It is in this phase of the development of the Medical Service Corps that we particularly require the cooperation of pharmaceutical organizations and educational institutions.

You asked me to specify the duties of pharmacists in the Medical Service Corps and especially in the Pharmacy, Supply, and Administration Section. I replied that I am in complete agreement with the outline of duties planned for Pharmacy Corps officers, as set forth in the press release from the War Department, dated July 5, 1946, and a copy of this release is attached. I now wish to assure you

that it shall be my policy to effectuate as completely as possible the letter and spirit of the blueprint of duties of pharmacy officers as set forth in the foregoing press release.

In our discussion, I suggested that we might wish to call upon a small number of members of your profession in an advisory capacity to assist us in formulating sound policies with respect to the future development of our pharmaceutical service, the procurement of supplies and personnel, and such other matters as may pertain to the good of the service and the advancement of your professional group, and I shall look to your committee to give us a list of names of competent persons from which a selection of pharmacy consultants will be made.

In regard to your questions relative to a Medical Service Corps Reserve, we contemplate a most active Reserve of the Medical Service Corps, which should be most beneficial to graduate pharmacists. It is not necessary that H. R. 3215 establish a Reserve component as that authority presently exists under the National Defense Act, by authorizing Reserve components of Regular Army Corps, as is presently the case with the Medical and Dental Corps. It is anticipated that graduates of senior Reserve Officers' Training Corps units with bachelor of science degrees in pharmacy will on graduation be commissioned in the Pharmacy, Supply, and Administration Section of the Medical Service Corps Reserve. Of course they must meet the other necessary requirements and be properly recommended and desire such commission. I visualize that this group of young men will help to make the Medical Service Corps Reserve something in which the Army and the profession of pharmacy will take pride. We hope that as many as possible of your pharmacy graduates will avail themselves of this opportunity.

In our conference, the recently published War Department Circular 101 was discussed briefly and some elaboration should be given for proper understanding. Pertinent features of this circular as it applies to pharmacists and the Medical Service Corps are as follows:

1. Provides means for appointment in the Officers' Reserve Corps for graduates of senior Reserve Officers' Training Corps programs and for persons possessing bachelor of science degrees in pharmacy from accredited schools who are otherwise qualified.
2. Provides means for appointment in the Regular Army from honor graduates of senior Reserve Officers' Training Corps units (21 to 30 years of age).
3. Provides means for appointment in the Regular Army from commissioned officers of the Officers' Reserve Corps and National Guard, who have demonstrated their fitness by 1 year of extended active duty (21 to 30 years of age).
4. Provides means for appointment in the Regular Army direct from civil life of persons holding bachelor of science degrees in pharmacy, between 21 to 30 years of age by a professional examination, prepared and administered by the Surgeon General.

In any future emergency, the Medical Service Corps Reserve will be a most important source of trained, skilled officers who will be a potent factor in assisting the Medical Department in carrying out its mission.

As a matter of interest to your committee, I also informed you of certain recent actions relative to pharmaceutical service which have been taken by this office. A Central Therapeutic Agents Board has been appointed in the Office of the Surgeon General. It will be the responsibility of this board to study information submitted with a view to improving and standardizing operations, processes, and methods used by Army hospitals in applying the principles of theoretical pharmacy. Particular attention will be given to the establishment of policies on the supply of nonstandard agents for use in treating civilian dependents. Recommendations of the board will be prepared in directive form for Army hospitals for their information and guidance. The board will consist of the following or their duly authorized representatives:

- Chairman, Army Medical Research and Development Board, Chairman.
- Chief, Medical Consultants Division.
- Chief, Surgical Consultants Division.
- Chief, Hospital Division.
- Chief of Supply.

A pharmacist member of the Surgeon General's Office will serve on this board.

Commanding officers of general hospitals have been directed to appoint therapeutic agents boards in their hospitals for the purpose of making recommendations relative to the local purchase of nonstandard drugs and biologicals to be used by the hospitals. Each board will consist of not less than three officers, to include

the Chief of Medical Service, the Chief of Surgical Service, and an officer of the Pharmacy Corps who is a registered pharmacist.

The commanding officer of each general hospital has been directed to appoint a Pharmacy Corps officer who is a registered pharmacist as the officer in charge of the pharmacy. It is anticipated that later, this may be extended to include the larger station hospitals.

It is my conviction that the passage of H. R. 3215, which will create a Medical Service Corps in the Army, will provide much better opportunities for a constructive pharmaceutical service in the Army and for cooperative participation in supplying such service on the part of the pharmacists of the United States in much larger numbers than would ever have been possible under the Pharmacy Corps Act which this legislation supersedes.

I am encouraged by the offer of cooperation which I have received from your group and, in turn, I pledge you the interest and cooperation of the Medical Department of the Army in developing a pharmaceutical service for the Army, which will be outstanding in all respects and which will give the members of your profession who may be interested in a military career an opportunity for the full exercise of their professional training and ability. It was a pleasure to meet in conference with your committee and a helpful stimulus to mutual understanding and cooperation between military and civilian agencies for the betterment of the armed services.

Sincerely yours,

RAYMOND W. BLISS,
Brigadier General, U. S. Army,
Deputy Surgeon General.

